BURR:FORMANMENAIR

Margaret M. Fox pfox@burr.com T 803 799 9800 F 803.753.3278

January 31, 2019

Post Office Box 11390 2019 Columbia, SC 29211 Office (803) 799-9800 Fax (803) 753-3278

Ms. Jocelyn Boyd Chief Clerk and Administrator South Carolina Public Service Commission Synergy Business Park, The Saluda Building 101 Executive Center Drive Columbia, South Carolina 29210

Annual Lifeline Customer Recertification: FCC Form 555 Re: Docket No. 2014-43-C

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies and affiliated eligible telecommunications carriers ("ETCs") (see attached list), please find a copy of FCC Form 555. Federal Communications Commission ("FCC") regulations require all ETCs to file FCC Form 555 on an annual basis with the FCC, the Administrator of the Universal Service Administrative Company ("USAC"), and the relevant state commission to report the results of their annual Lifeline Customer Recertifications. See 47 C.F.R. § 54.416.

While the FCC rules state that a copy of these results must be provided to the state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these forms for information purposes only. We are also providing a copy to the Office of Regulatory Staff, as Administrator of the Lifeline program in South Carolina.

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

Ms. Jocelyn Boyd January 31, 2019 Page 2

Very truly yours,

Burr & Forman LLP

Margaret M. Fox

MMF:khh

Enclosures

cc: Dawn Hipp, Chief Operating Officer, ORS

Ma. Far

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240512		143001510
Study Area Code (SAC (An Eligible Telecommunicat	,	Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2018	SC	Bluffton Telephone Company
Recertification Year	State	ETC Name
N/A		HARGRAY COMMUNICATIONS GROUP INC
(If same as ETC name, list "N	/A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do not leave blank)
		V. A. V. A.
vide a list of all ETCs that are rmined in accordance with Se is or controls, is owned or con	ection 3(2) of the Communications Ac	Yes No No Recessary. Affiliation shall be to that Section defines "affiliate" as "a person that (directly or indirectly) rship or control with, another person." 47 U.S.C. § 153(2). See also 47
vide a list of all ETCs that are	e affiliated with the reporting ETC, us ection 3(2) of the Communications Ac	ring page 4 and additional sheets if necessary. Affiliation shall be t. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘 No 🔕

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AR	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	AR

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	2	1	1	2	0	4	1	3	1	1	16
B.	0	0	1	0	0	1	0	0	0	0	0	0	2
C.	0	0	1	1	1	1	0	4	1	3	1	1	14

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Į,	0	0	1	1	1	1	0	4	1	3	1	1	14

J.	Name of thir	d party	administrator	used to	verify	subscriber	eligibility:
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USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	1	1

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	1	1	1	1	0	4	1	3	1	0	13

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Tuitial			
	Initial		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial AR

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
1	14	7.14%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Andrew Rein, CFO
Signature of Officer
andrew.rein@htc.hargray.com
Email Address of Officer
Cissy Zareva

Person Completing This Certification Form

Andrew Rein, CFO

Printed Name and Title of Officer

Jan 30, 2019

Date

8436861256

Contact Phone Number

Affiliated ETCs

SAC	Name
240523	Hargray Telephone Co. Inc.
	6

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240515		143001511
Study Area Code (SAC (An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2018	SC	Chesnee Telephone Company Inc
Recertification Year	State	ETC Name
N/A		
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
es the reporting comparting a list of all ETCs that are remined in accordance with So	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications	
es the reporting compa vide a list of all ETCs that are rmined in accordance with So s or controls, is owned or con	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications	(If same as ETC name, list "N/A" Do not leave blank) Yes No (1) No (2) No (3) using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CR
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	9	10	9	9	7	8	4	6	17	3	8	1	91
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	9	10	9	9	7	8	4	6	17	3	8	1	91

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D,	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I _{tt}	9	10	9	9	7	8	4	6	17	3	8	1	91

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	7	3	4	3	3	5	2	2	7	2	4	0	42

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	2	7	5	6	4	3	2	4	10	1	4	1	49

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial		
Initial		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	CR	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
42	91	46.15%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Cindy Rothstein, Executive Director o

Signature of Officer

cindy.rothstein@skyline.org

Email Address of Officer

Luke Eggers

Person Completing This Certification Form

Cindy Rothstein, Executive Direct

Printed Name and Title of Officer

Jan 18, 2019

Date

3368771350

Contact Phone Number

Affiliated ETCs

SAC		Name
	230501	Skyline Telephone Membership Corporation Loretto Telephone Company Inc.
	290570	Loretto Telephone Company, Inc.
	200010	Edictio Folophono Company inc.

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240550		143001531				
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) sertification form for each SAC through which it provides Lifeline service)				
2018	SC	West Carolina Rural Telephone Cooperative Inc				
Recertification Year	State	ETC Name				
N/A						
DPA Morketing on Ot	har Dranding Nama	Holding Company Name				
DBA, Marketing, or Ot (If same as ETC name, list "No	(A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes No				
es the reporting comparide a list of all ETCs that are	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? In a affiliated with the reporting ETC, use the communications Action 3(2) of the Communication 3(2) of the Communicat	(If same as ETC name, list "N/A" Do not leave blank) Yes No sing page 4 and additional sheets if necessary. Affiliation shall be				
es the reporting compa vide a list of all ETCs that are rained in accordance with So sor controls, is owned or con	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? In a affiliated with the reporting ETC, use the communications Action 3(2) of the Communication 3(2) of the Communicat	(If same as ETC name, list "N/A" Do not leave blank) Yes No No sing page 4 and additional sheets if necessary. Affiliation shall be ct. That Section defines "affiliate" as "a person that (directly or indirectly)				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	SS	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial SS

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	15	19	7	5	5	11	6	3	10	0	24	0	105
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	15	19	7	5	5	11	6	3	10	0	24	0	105

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.,	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt,

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Γ	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I	15	19	7	5	5	11	6	3	10	0	24	0	105

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	4	10	1	2	1	1	1	0	0	0	8	0	28

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L,	11	9	6	3	4	10	5	3	10	0	16	0	77

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initi	al		
IIIIII	al		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
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Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	SS	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
28	105	26.66%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Shannon Sears Director of Commercia
Signature of Officer
shannon.sears@wctel.com
Email Address of Officer

Person Completing This Certification Form

Shannon Sears Director of Com

Printed Name and Title of Officer

Jan 18, 2019

Date

Contact Phone Number

Affiliated ETCs

SAC	Name
UNC .	TVAITIC

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240516		143001512
Study Area Code (SAC (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) e a certification form for each SAC through which it provides Lifeline service).
2018	SC	Chester Telephone Company
Recertification Year	State	ETC Name
TruVista		N/A
(If same as ETC name list "N	/A" Do not leave blank)	(If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "No	/A" Do <u>not</u> leave blank) nny have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes No
es the reporting compa vide a list of all ETCs that are	any have affiliated ETCs? e affiliated with the reporting ETection 3(2) of the Communicatio	
es the reporting compa wide a list of all ETCs that are ermined in accordance with So as or controls, is owned or con	any have affiliated ETCs? e affiliated with the reporting ETection 3(2) of the Communicatio	Yes No No Co TC, using page 4 and additional sheets if necessary. Affiliation shall be ons Act. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No lo

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DHB
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	DHB
Immai	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	30	10	27	22	19	25	30	28	34	34	34	48	341
B,	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	30	10	27	22	19	25	30	28	34	34	34	48	341

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F,	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I,	30	10	27	22	19	25	30	28	34	34	34	48	341

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	25	32	0	0	0	0	0	0	0	0	0	0	57

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	30	10	9	1	19	25	30	28	34	34	34	48	302

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above, I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial_	HB
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No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
57	341	16.71%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

David Brunt CFO
Signature of Officer
dbrunt@truvista.biz
Email Address of Officer
Swonda Dixon

Person Completing This Certification Form

David Brunt CFO

Printed Name and Title of Officer
Jan 28, 2019

Dete

Date

803-581-9172

Contact Phone Number

Affiliated ETCs

SAC		Name
	240532	Lockhart Telephone Company Ridgeway Telephone Company
	240541	Ridgeway Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240542	•	143001529				
Study Area Code (SAC (An Eligible Telecommunicat	'	Service Provider Identification Number (SPIN) de a certification form for each SAC through which it provides Lifeline service).				
2018	SC	Comporium Inc.				
Recertification Year	State	ETC Name				
N/A		COMPORIUM INC				
DBA, Marketing, or Ot		Holding Company Name				
(If same as ETC name, list "N		(If same as ETC name, list "N/A" Do not leave blank)				
(If same as ETC name, list "N						
es the reporting compa vide a list of all ETCs that are rmined in accordance with Se	(A" Do not leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETCs affiliated 3(2) of the Communications	(If same as ETC name, list "N/A" Do not leave blank)				
es the reporting compa vide a list of all ETCs that are rmined in accordance with So s or controls, is owned or con	(A" Do not leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETCs affiliated 3(2) of the Communications	(If same as ETC name, list "N/A" Do not leave blank) Yes No No (In the same of the sam				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	GL	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	GL
THILIGH	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	75	108	73	28	30	27	13	22	32	24	16	41	489
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	75	108	73	28	30	27	13	22	32	24	16	41	489

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of cligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D _{,*}	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I	75	108	73	28	30	27	13	22	32	24	16	41	489

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	35	38	30	11	13	11	2	11	11	8	2	14	186

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	40	70	43	17	17	16	11	11	21	16	14	27	303

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

In	itia	Ŧ.		
- 111	ILIA			

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial		
		_

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _	GL
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No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
186	489	38.03%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Greg Lunsford
Signature of Officer
greg.lunsford@comporium.com
Email Address of Officer

Tara Thomas
Person Completing This Certification Form

Greg Lunsford

Printed Name and Title of Officer

Jan 23, 2019

Date

803-326-6501

Contact Phone Number

Affiliated ETCs

SAC		Name
	0521	Fort Mill Telephone Company
	0531	Lancaster Telephone Company
	0473	Citizens Telephone Company
	0539	PBT Telecom Inc.
24	0009	T BT TOICGOIN INC.

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240520		143006909					
Study Area Code (SAC (An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) ide a certification form for each SAC through which it provides Lifeline service).					
2018	sc	Farmers Telephone Cooperative Inc.					
Recertification Year	State	ETC Name					
N/A		FARMERS TELEPHONE COOPERATIVE INC					
DBA, Marketing, or Ot		Holding Company Name					
(If same as ETC name, list "N	(A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do not leave blank)					
(If same as ETC name, list "Notes the reporting comparting comparting a list of all ETCs that are remined in accordance with Se	A" Do <u>not</u> leave blank) Iny have affiliated ETC e affiliated with the reporting section 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank)					
es the reporting compa vide a list of all ETCs that are rmined in accordance with So s or controls, is owned or con	A" Do <u>not</u> leave blank) Iny have affiliated ETC e affiliated with the reporting section 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) s? Yes No ETC, using page 4 and additional sheets if necessary. Affiliation shall be tions Act. That Section defines "affiliate" as "a person that (directly or indirectly)					

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🚺 No 🚺

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	JLL	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial JLL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	90	68	45	20	13	31	11	30	34	30	33	24	429
B.	2	3	6	2	1	1	0	1	2	2	0	0	20
C.	88	65	39	18	12	30	11	29	32	28	33	24	409

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Fa	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to incligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H,	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	88	65	39	18	12	30	11	29	32	28	33	24	409

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	34	22	15	7	4	12	4	9	9	8	11	4	139

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	54	43	24	11	8	18	7	20	23	20	22	20	270

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	itial
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Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
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Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial JLL

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
139	409	33.98%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Jeffrey L Lawrimore, CFO

Signature of Officer

lawrimoj@ftc.org

Email Address of Officer

Sandra Moore

Person Completing This Certification Form

Jeffrey L Lawrimore, CFO

Printed Name and Title of Officer

Jan 24, 2019

Date

8433821313

Contact Phone Number

Affiliated ETCs

SAC		Name
DI 10	249002	FTC Communications LLC
	240002	1 10 dominanidations EE0

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

249002		143003921
Study Area Code (SAC An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2018	SC	FTC Communications LLC
Recertification Year	State	ETC Name
N/A		Farmers Telephone Cooperative, Inc.
(II same as EIC name, list IV)	(A Do not teave blank)	(1) same as EIC name, tist IV/A Do not leave diank)
(If same as ETC name, list "No		(If same as ETC name, list "N/A" Do not leave blank) Yes No
es the reporting compa vide a list of all ETCs that ar rmined in accordance with So s or controls, is owned or con	any have affiliated ETCs? e affiliated with the reporting ETC, a section 3(2) of the Communications A	
es the reporting compa vide a list of all ETCs that are rmined in accordance with St	any have affiliated ETCs? e affiliated with the reporting ETC, a section 3(2) of the Communications A	Yes O No O using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸 No 💿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	GDA	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial GDA

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	2	0	0	0	2	1	0	0	1	1	0	2	9
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	2	0	0	0	2	1	0	0	1	1	0	2	9

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to incligibility or non-response to the ETC's outreach attempt.

Report	the number	of Lifeline s	ubscribers de	enrolled du	e to ineligibi	lity or non-re	sponse to the	e EIC s outr	each attemp				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I,	2	0	0	0	2	1	0	0	1	1	0	2	9

J. Name of third party administrator used to verify subscriber eligibility	J.	Name of third	party administrator	used to ver	ify subscriber	eligibility
--	----	---------------	---------------------	-------------	----------------	-------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	1	1	0	0	0	1	0	0	3

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L,	2	0	0	0	1	0	0	0	1	0	0	2	6

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

In	itia	1		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial GDA

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
3	9	33.33%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Guy Dent Adams, Jr COO Subsidiarie

Signature of Officer

adamsd@ftc.org

Email Address of Officer

Sandra Moore

Person Completing This Certification Form

Guy Dent Adams, Jr COO Subsi

Printed Name and Title of Officer

Jan 23, 2019

Date

8433821313

Contact Phone Number

Affiliated ETCs

SAC		Name
	240520	Farmers Telephone Cooperative Inc.
		*

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240521		143001515 Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).				
Study Area Code (SAC An Eligible Telecommunicat						
2018 SC		Fort Mill Telephone Company				
Recertification Year	State	ETC Name				
N/A		COMPORIUM INC				
DBA, Marketing, or Oth		Holding Company Name (If same as FTC name, list "N/A" Do not leave blank)				
DBA, Marketing, or Otl	A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do not leave blank)				
DBA, Marketing, or Otle (If same as ETC name, list "Notes the reporting compa- tion in the companies of all ETCs that are	ny have affiliated ETCs? affiliated with the reporting ETC, a section 3(2) of the Communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be				
DBA, Marketing, or Otl (If same as ETC name, list "No es the reporting compa vide a list of all ETCs that are rained in accordance with Se sor controls, is owned or con	ny have affiliated ETCs? affiliated with the reporting ETC, a section 3(2) of the Communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No No (If same as ETC name, list "N/A" Do not leave blank) Yes No (If same as ETC name, list "N/A" Do not leave blank)				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	GL	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	GL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	5	17	10	6	1	3	5	5	2	7	4	5	70
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C,	5	17	10	6	1	3	5	5	2	7	4	5	70

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F₩	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to incligibility or non-response to the ETC's outreach attempt.

Report	the number		ubscribers de	enrollea au	_	ity or non-re		e ETC's outr				_	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G,	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I,	5	17	10	6	1	3	5	5	2	7	4	5	70

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	2	5	4	0	1	0	1	3	0	3	1	3	23

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	3	12	6	6	0	3	4	2	2	4	3	2	47

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Υ.	itia			
ın	1119	1		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
23	70	32.85%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Greg Lunsford
Signature of Officer
area lunsford@comporium.c

greg.lunsford@comporium.com

Email Address of Officer Tara Thomas

Person Completing This Certification Form

Greg Lunsford

Printed Name and Title of Officer

Jan 23, 2019

Date

803-326-6501

Contact Phone Number

Affiliated ETCs

SAC	Name
240542	Comporium Inc.
240531	Lancaster Telephone Company
230473	Citizens Telephone Company
240539	PBT Telecom Inc.

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240523		143001516
Study Area Code (SAC An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).
2018	SC	Hargray Telephone Co. Inc.
Recertification Year	ETC Name HARGRAY COMMUNICA arketing, or Other Branding Name ETC name, list "N/A" Do not leave blank) Holding Company Name (If same as ETC name, list "N/A" Do norting company have affiliated ETCs? Yes No No fall ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary	ETC Name
N/A		HARGRAY COMMUNICATIONS GROUP INC
		(If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N	/A" Do <u>not</u> leave blank)	
(If same as ETC name, list "Notes the reporting companies that a list of all ETCs that are	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, usection 3(2) of the Communications Action 3(2) of the Communication 3(Yes No No
es the reporting compa vide a list of all ETCs that are comined in accordance with So sor controls, is owned or con	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, usection 3(2) of the Communications Action 3(2) of the Communication 3(Yes No No sing page 4 and additional sheets if necessary. Affiliation shall be ct. That Section defines "affiliate" as "a person that (directly or indirectly

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 💿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AR	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	AR
A 41 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	1	2	1	2	5	0	0	1	0	0	2	14
B.	0	0	0	0	0	0	0	0	0	0 -	0	0	0
C.	0	1	2	1	2	5	0	0	1	0	0	2	14

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Į,	0	1	2	1	2	5	0	0	1	0	0	2	14

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

(2)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	1	1

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	1	2	1	2	5	0	0	1	0	0	1	13

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial AR

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D + F + I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
1	14	7.14%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Andrew Rein, CFO
Signature of Officer
andrew.rein@htc.hargray.com
Email Address of Officer
Cissy Zareva

Person Completing This Certification Form

Andrew Rein, CFO

Printed Name and Title of Officer

Jan 30, 2019

Date

8436861256

Contact Phone Number

Affiliated ETCs

SAC		Name
UNC	240512	Bluffton Telephone Company
	240312	Blutteri Totophono Gampany
)0	

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240527		143001519						
Study Area Code (SAC An Eligible Telecommunical	,	Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service						
2018	SC	Home Telephone ILEC LLC						
Recertification Year	State	ETC Name						
N/A		HOME TELEPHONE COMPANY INC						
DBA, Marketing, or Ot		Holding Company Name						
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes No						
DBA, Marketing, or Ot (If same as ETC name, list "No es the reporting companies a list of all ETCs that are mined in accordance with S	(A" Do not leave blank) Any have affiliated ETCs? The affiliated with the reporting ETC section 3(2) of the Communications	(If same as ETC name, list "N/A" Do not leave blank)						

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🗿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	dvt	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	dvt
Initial.	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	64	19	15	6	4	3	7	7	4	9	11	15	164
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	64	19	15	6	4	3	7	7	4	9	11	15	164

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D _o	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to incligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G,	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I,	64	19	15	6	4	3	7	7	4	9	11	15	164

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	46	14	10	5	3	1	4	6	3	5	2	3	102

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

teport the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	18	5	5	1	1	2	3	1	1	4	9	12	62

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
---------	--

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	dvt	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
102	164	62.19%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Denny Thompson, Director Administr

Signature of Officer

Denny.Thompson@hometelco.co

Email Address of Officer

Denny Thomspon

Person Completing This Certification Form

Denny Thompson, Director Admi

Printed Name and Title of Officer

Jan 24, 2019

Date

8437619173

Contact Phone Number

Affiliated ETCs

CA C	I VI
SAC	Name

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240528		143001520 Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).				
Study Area Code (SAC An Eligible Telecommunical						
2018	sc	Horry Telephone Cooperative Inc.				
Recertification Year N/A	State	ETC Name				
DDA Monkating on Ot	han Dranding Nama	Holding Company Name				
DBA, Marketing, or Ot (If same as ETC name, list "N	/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)				
es the reporting comparies a list of all ETCs that are mined in accordance with S s or controls, is owned or controls, is owned or controls, is owned or controls.	A" Do not leave blank) In have affiliated ETCs? The affiliated with the reporting ETC, lection 3(2) of the Communications	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) mership or control with, another person." 47 U.S.C. § 153(2). See also 47				
(If same as ETC name, list "Notes the reporting comparing a list of all ETCs that are the remained in accordance with S	A" Do not leave blank) In have affiliated ETCs? The affiliated with the reporting ETC, lection 3(2) of the Communications	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly)"				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	
Month	Subscribers De-Enrolled for Non-Usage
January	
February	- 0
March	0
April	
May	
June	
July	, Jagon O Signaturing
August	
September	or a transparence of the control of
October	0 0
November	
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CL	
Initial	OL	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Total at	CL
Initial	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	54	39	58	32	27	21	35	44	41	45	29	37	462
B.	0	0	0	0	0	0	0	0	0	0	.0	0	0
C.	54	39	58	32	27	21	35	44	41	45	29	37	462

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

•	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

5	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	54	39	58	32	27	21	35	44	41	45	29	37	462

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers desenrolled due to incligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	25	16	22	13	11	6	5	9	11	14	8	14	154

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	29	23	36	19	16	15	30	35	30	31	21	23	308

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Ţ.	0	0	0	0	0	0	0	0	0	0	0	0	0

- J. Name of third party administrator used to verify subscriber eligibility:
- K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

eport the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	CL	
AMILIAN		

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
154	462	33.33%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Carlton Lewis CFO

Signature of Officer

carlton.lewis@htcinc.net

Email Address of Officer

Carlton Lewis

Person Completing This Certification Form

Carlton Lewis CFO

Printed Name and Title of Officer

Jan 25, 2019

Date

843-369-8192

Contact Phone Number

Affiliated ETCs

SAC	Name
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Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240531		143001521
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) a a certification form for each SAC through which it provides Lifeline service).
2018	SC	Lancaster Telephone Company
Recertification Year	State	ETC Name
N/A		COMPORIUM INC
DRA Marketing or Otl	her Branding Name	Holding Company Name
DBA, Marketing, or Otl (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N		(If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "Notes the reporting comparison of a list of all ETCs that are remined in accordance with Se	"A" Do <u>not</u> leave blank) ny have affiliated ETCs? e affiliated with the reporting ET ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No No OCC, using page 4 and additional sheets if necessary. Affiliation shall be
es the reporting compa vide a list of all ETCs that are rmined in accordance with Se s or controls, is owned or cor	"A" Do <u>not</u> leave blank) ny have affiliated ETCs? e affiliated with the reporting ET ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No No (C) No

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🔘

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	GL
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	GL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	47	73	33	24	24	10	19	19	15	17	12	26	319
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	47	73	33	24	24	10	19	19	15	17	12	26	319

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D,	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification,

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L	47	73	33	24	24	10	19	19	15	17	12	26	319

J.	Name of third	narty	administrator	used to	verify	subscriber	eligibility	v.
J,	Ivaline of time	party	aummisuator	useu to	YCLLLY	SUUSCITUCI	CHEIDIII	у.

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K,	19	26	15	9	10	5	8	5	3	5	4	7	116

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	28	47	18	15	14	5	11	14	12	12	8	19	203

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

In	iti	ial		
				_

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
116	319	36.36%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Greg Lunsford

Signature of Officer

greg.lunsford@comporium.com

Email Address of Officer

Tara Thomas

Person Completing This Certification Form

Greg Lunsford

Printed Name and Title of Officer

Jan 23, 2019

Date

803-326-6501

Contact Phone Number

Affiliated ETCs

SAC	Name
240542	Comporium Inc.
240521	Fort Mill Telephone Company
230473	Citizens Telephone Company
230473	PBT Telecom Inc.
240539	PBT relecont inc.

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240532		143001522				
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).				
2018	SC	Lockhart Telephone Company				
Recertification Year	State	ETC Name				
TruVista		CHESTER TELEPHONE COMPANY				
DBA, Marketing, or Ot (If same as ETC name, list "N	A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)				
(If same as ETC name, list "N	ner Branding Name (A" Do not leave blank) any have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes No				
es the reporting comparting a list of all ETCs that are	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, using ection 3(2) of the Communications Act	(If same as ETC name, list "N/A" Do not leave blank)				
es the reporting comparide a list of all ETCs that are mined in accordance with Strawn or controls, is owned or controls, is owned or controls, is owned or controls.	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, using ection 3(2) of the Communications Act	(If same as ETC name, list "N/A" Do not leave blank) Yes No No (1) ing page 4 and additional sheets if necessary. Affiliation shall be 1. That Section defines "affiliate" as "a person that (directly or indirectly)				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No lo

If yes, record the number of subscribers de-enrolled for non-usage by month in $Block\ Q$ below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DHB
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	DHB	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	1	0	1	1	0	1	0	3	0	7
В.	0	0	0	0	0	0	1	0	0	0	0	0	1
C.	0	0	0	1	0	1	0	0	1	0	3	0	6

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	1	0	1	0	0	1	1	2	0	6

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	1	0	1	0	0	1	1	2	0	6

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J. Nam	e of third par	y administrator	used to	verify	subscriber	eligibility:
--------	----------------	-----------------	---------	--------	------------	--------------

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification	Method:	ETC
-----------------	---------	-----

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	DHB	
minai	סווט	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	6	0.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

David Brunt CFO
Signature of Officer
dbrunt@truvista.biz
Email Address of Officer
Swonda Dixon
Person Completing This Certification Form

David Brunt CFO

Printed Name and Title of Officer

Jan 28, 2019

Date

803-581-9172

Contact Phone Number

Affiliated ETCs

SAC		Name	
	240516		Chester Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Study Area Code (SAC An Eligible Telecommunical	•	Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2018	SC	McClellanville Telephone Company Inc.
Recertification Year	State	ETC Name
N/A		TDS Telecommunications Corporation
OBA, Marketing, or Otl If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes 👩

No 🔼

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name
See attached	worksheet -

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 💿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AKM
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial AKM

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	3	3	1	1	0	1	1	1	0	2	1	0	14
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	3	3	1	1	0	1	1	1	0	2	1	0	14

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I,	3	3	1	1	0	1	1	1	0	2	1	0	14

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	2	0	0	0	1	0	0	0	1	0	0	4

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	3	1	1	1	0	0	1	1	0	1	1	0	10

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial AKM

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100		
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled		
4	14	28.57%		

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Amanda Moore, Assistant Treasurer

Signature of Officer

amanda.moore@tdstelecom.com

Email Address of Officer

Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treasi

Printed Name and Title of Officer

Jan 29, 2019

Date

608.664.2415

Contact Phone Number

Affiliated ETCs

CAC	N-w-
SAC	Name

Attachment - TDS Telecommunications LLC Affiliates

Cobbosseecontee Telephone Company The Island Telephone Company Hampden Telephone Company Hartland & St. Albans Telephone Company Somerset Telephone Company Warren Telephone Company The West Penobscot Telephone and Telegraph Company
The Island Telephone Company Hampden Telephone Company Hartland & St. Albans Telephone Company Somerset Telephone Company Warren Telephone Company The West Penobscot Telephone and Telegraph
Hampden Telephone Company Hartland & St. Albans Telephone Company Somerset Telephone Company Warren Telephone Company The West Penobscot Telephone and Telegraph
Hartland & St. Albans Telephone Company Somerset Telephone Company Warren Telephone Company The West Penobscot Telephone and Telegraph
Somerset Telephone Company Warren Telephone Company The West Penobscot Telephone and Telegraph
Warren Telephone Company The West Penobscot Telephone and Telegraph
The West Penobscot Telephone and Telegraph
Company
U.S. Cellular
Kearsarge Telephone Company
Merrimack County Telephone Company
Union Telephone Company
Wilton Telephone Company, Inc.
Hollis Telephone Company, Inc.
NH #1 Rural Cellular, Inc. (U.S. Cellular)
Ludlow Telephone Company
Northfield Telephone Company
Perkinsville Telephone Company, Inc.
Deposit Telephone Company, Inc.
Edwards Telephone Company, Inc.
Oriskany Falls Telephone Corporation
Port Byron Telephone Company
Township Telephone Company, Inc.
Vernon Telephone Company, Inc.
Mahanoy & Mahantango Telephone Company
Sugar Valley Telephone Company
Amelia Telephone Corporation
Virginia Telephone Company
New Castle Telephone Co.
Hardy Cellular Telephone Company (U.S. Cellular)
Quincy Telephone Company (FL)
Quincy Telephone Company (GA)
Blue Ridge Telephone Company
Camden Telephone and Telegraph Company, Inc.
Nelson-Ball Ground Telephone Company
Wilmington Cellular Telephone Company
McClellanville Telephone Company, Inc.
Norway Telephone Co. Inc
St. Stephen Telephone Company
Williston Telephone Company
Butler Telephone Company, Inc.
Oakman Telephone Company, Inc.
Peoples Telephone Company, Inc.

SAC	Name
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company, Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro, Inc.
320778	Home Telephone Company, Inc.
320788	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320816	S & W Telephone Company, Inc.
320829	Tipton Telephone Company, Inc.
320830	Tri-County Communications Corporation
320837	West Point Telephone Company
330844	Badger Telecom, LLC
330849	Black Earth Telephone Company, LLC.
330851	Bonduel Telephone Company, LLC.
330856	Burlington, Brighton & Wheatland Telephone Company, LLC
330859	Central State Telephone Company, LLC
330875	Dickeyville Telephone, LLC
330880	The Farmers Telephone Company, LLC
330881	Mid-Plains Telephone, LLC
330909	Midway Telephone Company, LLC
330914	EastCoast Telecom of Wisconsin, LLC
330915	Mosinee Telehphone Company
330917	Mt. Vernon Telephone Company, LLC
330930	Grantland Telecom, LLC
330943	Riverside Telecom, LLC
330945	Scandinavia Telephone Company, LLC
330952	Southeast Telephone Co. of Wisconsin, LLC
330954	Stockbridge & Sherwood Telephone Company, LLC
330955	State Long Distance Telephone Company
330958	Tenney Telephone Company, LLC
330963	Utelco, LLC.
330968	Waunakee Telephone Company, LLC.
339007	United States Cellular Operating Company, LLC
359016	Farmers Cellular Telephone Company, Inc. (U.S. Cellular)
361350	Arvig Telephone Company
361362	Bridge Water Telephone Co.
361413	KMP d/b/a Mid-State Telephone Company
361433	Mid-State Telephone Company
361507	Winsted Telephone Company
201201	Takingted Telephone Company

Attachment - TDS Telecommunications LLC Affiliates

CI .	· · · · · · · · · · · · · · · · · · ·
260411	Leslie County Telephone Company
260412	Lewisport Telephone Co.
260417	Salem Telephone Co.
280448	Calhoun City Telephone Company, Inc.
283301	Southeast Mississippi Telephone Company, Inc.
287449	Myrtle Telephone Company, Inc.
290559	Concord Telephone Exchange, Inc
290566	Humphreys County Telephone Company
290575	Tennessee Telephone Company
290578	Tellico Telephone Company, Inc.
299010	United States Cellular Operating Company of Knoxville
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communications Corporation of Michigan

431984	Oklahoma Communication Systems, Inc.
432010	Mid-America Telephone, Inc.
452171	Arizona Telephone Company
452174	Southwestern Telephone Company
462184	Delta County Tele-Comm, Inc.
462207	Strasburg Telephone Company
472230	Potlatch Telephone Company, Inc.
522404	Asotin Telephone Company (WA)
522427	Lewis River Telephone Company, Inc.
522430	McDaniel Telephone Company
	McDaniel Cellular Telephone Company (U.S.
529001	Cellular)
532404	Asotin Telephone Company (OR)
539002	USCOC of Oregon RSA #5, Inc. (U.S. Cellular)
542321	Happy Valley Telephone Company
542322	Hornitos Telephone Company
542323	Winterhaven Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Study Area Code (SAC)		Service Provider Identification Number (SPIN)				
An Eligible Telecommunicati 2018	ons Carrier (ETC) must provide a	certification form for each SAC through which it provides Lifeline service) Norway Telephone Company Inc.				
Recertification Year	State	ETC Name				
N/A		TDS Telecommunications Corporation				
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)				

Does the reporting company have affiliated ETCs?

Yes 🔯

No 🔼

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name		
See attache	worksheet -		

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q						
Month	Subscribers De-Enrolled for Non-Usage						
January	0						
February	0						
March	0						
April	0						
May	0						
June	0						
July	0						
August	0						
September	0						
October	0						
November	0						
December	0						
Total Subscribers	0						

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AKM	
Initial	-	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial AKM

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	2	2	1	1	1	0	0	0	0	1	0	0	8
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	2	2	1	1	1	0	0	0	0	1	0	0	8

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	2	2	1	1	1	0	0	0	0	1	0	0	8

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	1	1	0	1	0	0	0	0	0	1	0	0	4

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	1	1	1	0	1	0	, 0	0	0	0	0	0	4

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Init	ial		
111111	Iai		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
---------	--

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial AKM

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

M = (G+K)	N = (D + F + I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
4	8	50.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Amanda Moore, Assistant Treasurer

Signature of Officer

amanda.moore@tdstelecom.com

Email Address of Officer

Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treas

Printed Name and Title of Officer

Jan 29, 2019

Date

608.664.2415

Contact Phone Number

Affiliated ETCs

SAC	Name

Attachment - TDS Telecommunications LLC Affiliates

SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland & St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
	The West Penobscot Telephone and Telegraph
100034	Company
109002	U.S. Cellular
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company, Inc.
123321	Hollis Telephone Company, Inc.
129002	NH #1 Rural Cellular, Inc. (U.S. Cellular)
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company, Inc.
150089	Deposit Telephone Company, Inc.
150092	Edwards Telephone Company, Inc.
150114	Oriskany Falls Telephone Corporation
150118	Port Byron Telephone Company
150129	Township Telephone Company, Inc.
150133	Vernon Telephone Company, Inc.
170183	Mahanoy & Mahantango Telephone Company
170206	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190253	Virginia Telephone Company
193029	New Castle Telephone Co.
209005	Hardy Cellular Telephone Company (U.S. Cellular)
210338	Quincy Telephone Company (FL)
220338	Quincy Telephone Company (GA)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company, Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Wilmington Cellular Telephone Company
240533	McClellanville Telephone Company, Inc.
240535	Norway Telephone Co. Inc
240544	St. Stephen Telephone Company
240551	Williston Telephone Company
250284	Butler Telephone Company, Inc.
250311	Oakman Telephone Company, Inc.
250314	Peoples Telephone Company, Inc.

SAC	Name
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company, Inc.
320776	Communications Corporation of Indiana
	The Home Telephone Company of Pittsboro,
320777	Inc.
320778	Home Telephone Company, Inc. The Merchants and Farmers Telephone
320788	Company
	Communications Corporation of Southern
320809	Indiana
320816	S & W Telephone Company, Inc.
320829	Tipton Telephone Company, Inc.
320830	Tri-County Communications Corporation
320837	West Point Telephone Company
330844	Badger Telecom, LLC
330849	Black Earth Telephone Company, LLC.
330851	Bonduel Telephone Company, LLC.
330856	Burlington, Brighton & Wheatland Telephone Company, LLC
330859	Central State Telephone Company, LLC
330875	Dickeyville Telephone, LLC
330880	The Farmers Telephone Company, LLC
330881	Mid-Plains Telephone, LLC
330909	Midway Telephone Company, LLC
330914	EastCoast Telecom of Wisconsin, LLC
330915	Mosinee Telehphone Company
330917	Mt. Vernon Telephone Company, LLC
330930	Grantland Telecom, LLC
330943	Riverside Telecom, LLC
330945	Scandinavia Telephone Company, LLC
330952	Southeast Telephone Co. of Wisconsin, LLC
330332	Stockbridge & Sherwood Telephone Company,
330954	LLC
330955	State Long Distance Telephone Company
330958	Tenney Telephone Company, LLC
330963	Utelco, LLC.
330968	Waunakee Telephone Company, LLC.
339007	United States Cellular Operating Company, LLC
359016	Farmers Cellular Telephone Company, Inc. (U.S. Cellular)
361350	Arvig Telephone Company
361362	Bridge Water Telephone Co.
361413	KMP d/b/a Mid-State Telephone Company
361433	Mid-State Telephone Company
361507	Winsted Telephone Company

Attachment - TDS Telecommunications LLC Affiliates

260411	Leslie County Telephone Company								
260412	Lewisport Telephone Co.								
260417	Salem Telephone Co.								
280448	Calhoun City Telephone Company, Inc.								
283301	Southeast Mississippi Telephone Company, Inc.								
287449	Myrtle Telephone Company, Inc.								
290559	Concord Telephone Exchange, Inc								
290566	Humphreys County Telephone Company								
290575	Tennessee Telephone Company								
290578	Tellico Telephone Company, Inc.								
299010	United States Cellular Operating Company of Knoxville								
300585	Arcadia Telephone Company								
300607	Continental Telephone Company								
300613	Little Miami Communications Corporation								
300645	Oakwood Telephone Company								
300662	The Vanlue Telephone Company								
310672	Communications Corporation of Michigan								

431984	Oklahoma Communication Systems, Inc.
432010	Mid-America Telephone, Inc.
452171	Arizona Telephone Company
452174	Southwestern Telephone Company
462184	Delta County Tele-Comm, Inc.
462207	Strasburg Telephone Company
472230	Potlatch Telephone Company, Inc.
522404	Asotin Telephone Company (WA)
522427	Lewis River Telephone Company, Inc.
522430	McDaniel Telephone Company
	McDaniel Cellular Telephone Company (U.S.
529001	Cellular)
532404	Asotin Telephone Company (OR)
539002	USCOC of Oregon RSA #5, Inc. (U.S. Cellular)
542321	Happy Valley Telephone Company
542322	Hornitos Telephone Company
542323	Winterhaven Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240536		143001525						
Study Area Code (SAC An Eligible Telecommunical		Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).						
2018	SC	Palmetto Rural Telephone Cooperative Inc.						
Recertification Year	State	ETC Name						
N/A		Palmetto Rural Telephone Cooperative						
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)						
(If same as ETC name, list "N								
es the reporting comparing a list of all ETCs that are	Any have affiliated ETCs? e affiliated with the reporting ETC, us decision 3(2) of the Communications Ac	(If same as ETC name, list "N/A" Do not leave blank)						
es the reporting comparide a list of all ETCs that are mined in accordance with S s or controls, is owned or controls, is owned or controls, is owned or controls, is owned or controls.	Any have affiliated ETCs? e affiliated with the reporting ETC, us decision 3(2) of the Communications Ac	(If same as ETC name, list "N/A" Do not leave blank) Yes No No Affiliation shall be set. That Section defines "affiliate" as "a person that (directly or indirectly)						

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DJW
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	DJW

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	116	56	60	39	42	44	38	30	67	0	137	0	629
В,	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	116	56	60	39	42	44	38	30	67	0	137	0	629

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F .*:	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification,

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	116	56	60	39	42	44	38	30	67	0	137	0	629

Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	61	35	34	25	31	26	17	18	43	0	68	0	358

Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	55	21	26	14	11	18	21	12	24	0	69	0	271

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initia	

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	DJW

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
358	629	56.91%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Dewaine Wilson, CFO
Signature of Officer
dewaine.wilson@prtc.coop
Email Address of Officer

Person Completing This Certification Form

Dewaine Wilson, CFO

Printed Name and Title of Officer

Dec 21, 2018

Date

Contact Phone Number

Affiliated ETCs

SAC		Name
5/10	249023	Palmetto Telephone Communications
	249023	Tamotto reloptione communications
•		

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

249023		143022355 Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service)		
Study Area Code (SAC (An Eligible Telecommunicat				
2018	SC	Palmetto Telephone Communications		
Recertification Year	State	ETC Name		
N/A		Palmetto Rural Telephone Cooperative		
DBA, Marketing, or Ot		Holding Company Name		
(If same as ETC name, list "N	(A'' Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes No		
(If same as ETC name, list "Notes the reporting companyide a list of all ETCs that are	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? In affiliated with the reporting ETC, use ection 3(2) of the Communications Act	(If same as ETC name, list "N/A" Do not leave blank)		
(If same as ETC name, list "Notes the reporting companying a list of all ETCs that are the remined in accordance with States or controls, is owned or controls, is owned or controls.	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? In affiliated with the reporting ETC, use ection 3(2) of the Communications Act	(If same as ETC name, list "N/A" Do not leave blank) Yes No No ing page 4 and additional sheets if necessary. Affiliation shall be t. That Section defines "affiliate" as "a person that (directly or indirectly)		

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No 🔘

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DJW
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	DJW

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	36	16	7	4	6	5	8	9	16	0	15	0	122
В,	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	36	16	7	4	6	5	8	9	16	0	15	0	122

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F ₊	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	36	16	7	4	6	5	8	9	16	0	15	0	122

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	20	10	5	2	3	4	4	5	12	0	6	0	71

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	16	6	2	2	3	1	4	4	4	0	9	0	51

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	DJW

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
71	122	58.19%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, Dewaine Wilson, CFO Signature of Officer dewaine.wilson@prtc.coop Email Address of Officer

Person Completing This Certification Form

Dewaine Wilson, CFO
Printed Name and Title of Officer
Dec 21, 2018

Date

Contact Phone Number

Affiliated ETCs

SAC		Name
	240536	Palmetto Rural Telephone Cooperative Inc.
		<u> </u>

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240538		143001526
Study Area Code (SAC (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) de a certification form for each SAC through which it provides Lifeline service).
2018	SC	Piedmont Rural Telephone Cooperative Inc.
Recertification Year	State	ETC Name
N/A		
I IM A MARKATING OF LIT	ner Branding Name	HOIGING COMBANY NAME
DBA, Marketing, or Ot (If same as ETC name, list "No		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N.		(If same as ETC name, list "N/A" Do not leave blank)
es the reporting compa vide a list of all ETCs that ar irmined in accordance with Si is or controls, is owned or con	A" Do <u>not</u> leave blank) Iny have affiliated ETCs and the second of the communication of the	(If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "Note that reporting companying a list of all ETCs that are the remined in accordance with States."	A" Do <u>not</u> leave blank) Iny have affiliated ETCs and the second of the communication of the	(If same as ETC name, list "N/A" Do not leave blank) ? Yes No No TC, using page 4 and additional sheets if necessary. Affiliation shall be ons Act. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸 No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block ${\it Q}$ below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	KEH	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	KEH
initiai	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	6	6	4	8	2	5	1	2	6	8	1	1	50
B.	0	0	0	0	0	0	0	0	1	0	0	0	1
C.	6	6	4	8	2	5	1	2	5	8	1	1	49

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D,	0	0	0	Ö	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	6	6	4	8	2	5	1	2	5	8	1	1	49

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G,	3	1	2	3	0	2	0	2	1	3	0	1	18

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	3	5	2	5	2	3	1	0	4	5	1	0	31

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J.	Name	of third	party	administrator	used to	verify	subscriber	eligibility:	
----	------	----------	-------	---------------	---------	--------	------------	--------------	--

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

T	itia	.1		
ш	ILIA	ш		

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	KEH
Initial	IXLII

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
18	49	36.73%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, Kara E. Horner; Controller Signature of Officer karah@prtcom.com Email Address of Officer Brandi Moon

Person Completing This Certification Form

Kara E. Horner; Controller
Printed Name and Title of Officer
Jan 15, 2019
Date
864-682-3131
Contact Phone Number

Affiliated ETCs

940	Nama
SAC	Name

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240539		143001527				
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).				
2018	SC	PBT Telecom Inc.				
Recertification Year	State	ETC Name				
N/A		COMPORIUM INC				
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)				
(If same as ETC name, list "N	/A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do not leave blank)				
(If same as ETC name, list "Notes the reporting compa	(A" Do not leave blank) Iny have affiliated ETCs e affiliated with the reporting E ection 3(2) of the Communicati	(If same as ETC name, list "N/A" Do not leave blank) S? Yes No ETC, using page 4 and additional sheets if necessary. Affiliation shall be				
es the reporting compa vide a list of all ETCs that are rmined in accordance with So s or controls, is owned or con	(A" Do not leave blank) Iny have affiliated ETCs e affiliated with the reporting E ection 3(2) of the Communicati	(If same as ETC name, list "N/A" Do not leave blank) S? Yes No ETC, using page 4 and additional sheets if necessary. Affiliation shall be ions Act. That Section defines "affiliate" as "a person that (directly or indirectly,				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🚺 No 🚺

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	LBS
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial LBS

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	25	19	21	12	11	9	9	5	14	12	5	22	164
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	25	19	21	12	11	9	9	5	14	12	5	22	164

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Ιω	25	19	21	12	11	9	9	5	14	12	5	22	164

J. Name of third party administrator used to verify subscriber eligibility:

Universal Service Administrative Company

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	19	11	14	7	7	5	2	3	5	6	3	7	89

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	6	8	7	5	4	4	7	2	9	6	2	15	75

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial LBS	LBS
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Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial LBS

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D + F + I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
89	164	54.26%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

L Spearman Vice President

Signature of Officer

ben.spearman@comporium.com

Email Address of Officer

L Spearman

Person Completing This Certification Form

L Spearman Vice President

Printed Name and Title of Officer

Jan 23, 2019

Date

8032105528

Contact Phone Number

Affiliated ETCs

SAC	Name
240531	Lancaster Telephone Company Comporium Inc.
240542	Comporium Inc.
240521	Fort Mill Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240541		143001528
Study Area Code (SAC (An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2018	SC	Ridgeway Telephone Company
Recertification Year	State	ETC Name
TruVista		CHESTER TELEPHONE COMPANY
(If same as ETC name, list "No	/A" Do not leave blank)	(If same as ETC name, list "N/A" Do not leave blank)
es the reporting compa vide a list of all ETCs that ar rmined in accordance with S	any have affiliated ETCs? e affiliated with the reporting ETC ection 3(2) of the Communication	
es the reporting compa vide a list of all ETCs that ar rmined in accordance with So s or controls, is owned or con	any have affiliated ETCs? e affiliated with the reporting ETC ection 3(2) of the Communication	Yes No No Lo C, using page 4 and additional sheets if necessary. Affiliation shall be as Act. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in $Block\ Q$ below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DHB
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	DHB

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	2	1	1	1	1	0	2	1	0	0	9
В.	0	0	1	0	0	0	0	0	0	0	0	0	1
C.	0	0	1	1	1	1	1	0	2	1	0	0	8

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D,	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I,	0	0	1	1	1	1	1	0	2	1	0	0	8

J.,	Name of third	party	administrator	used to	verify	subscriber	eligibility:
-----	---------------	-------	---------------	---------	--------	------------	--------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	1	0	0	0	0	0	0	0	0	0	1

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

eport the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

In	itia	1		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial DHB

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
1	8	12.5%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

David Brunt CFO
Signature of Officer
dbrunt@truvista.biz
Email Address of Officer
Swonda Dixon

Person Completing This Certification Form

David Brunt CFO

Printed Name and Title of Officer

Jan 28, 2019

Date

803-581-9172

Contact Phone Number

Affiliated ETCs

SAC		Name	
2408	516		Chester Telephone Company
<u> </u>			

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240546		143002920
Study Area Code (SAC (An Eligible Telecommunical	•	Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2018	SC	Sandhill Telephone Cooperative Inc.
Recertification Year N/A	State	ETC Name
DBA, Marketing, or Ot		Holding Company Name
(If same as ETC name, list "N.	#	(If same as ETC name, list "N/A" Do not leave blank)
es the reporting compa vide a list of all ETCs that ar crimined in accordance with S	any have affiliated ETCs? The affiliated with the reporting ETC, to the Communications Action 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No O using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CLC
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial CLC

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	48	61	35	18	21	13	8	21	16	16	21	92	370
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	48	61	35	18	21	13	8	21	16	16	21	92	370

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Depart the average of all other authorities a verified through access to a state or federal database

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

ceport	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year
				_									Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I,	48	61	35	18	21	13	8	21	16	16	21	92	370

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	13	11	19	8	6	4	2	10	9	6	4	16	108

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

teport the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	35	50	16	10	15	9	6	11	7	10	17	76	262

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
---------	--

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial CLC

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
108	370	29.18%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Christopher L Chambers, CEO/Genera

Signature of Officer

lee.chambers@shtc.net

Email Address of Officer

Jeanne Oliver

Person Completing This Certification Form

Christopher L Chambers, CEO/C

Printed Name and Title of Officer

Jan 21, 2019

Date

843-658-6845

Contact Phone Number

Affiliated ETCs

SAC	Name

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

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ration
blank)

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Does the reporting company have affiliated ETCs?

Affiliated ETC's SAC	Affiliated ETC's Name
See attached	worksheet -

Yes 👩

No 🖸

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🔯

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AKM	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial AKM

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	8	5	0	0	5	3	5	2	2	5	2	6	43
B.	0	0	0	0	0	0	0	0	1	0	0	0	1
C.	8	5	0	0	5	3	5	2	1	5	2	6	42

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to incligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I	8	5	0	0	5	3	5	2	1	5	2	6	42

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	6	3	0	0	2	2	1	0	0	0	0	. 1	15

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	2	2	0	0	3	1	4	2	1	5	2	5	27

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Rece	ertifics	ation	Metho	nd:	ETC
INCLE		///	TATCTIL	Jul	121

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial AKM

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
15	42	35.71%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Amanda Moore, Assistant Treasurer

Signature of Officer

amanda.moore@tdstelecom.com

Email Address of Officer

Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treasi

Printed Name and Title of Officer

Jan 29, 2019

Date

608.664.2415

Contact Phone Number

Affiliated ETCs

SAC	Name

Attachment - TDS Telecommunications LLC Affiliates

SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland & St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
400024	The West Penobscot Telephone and Telegraph
100034	Company
109002	U.S. Cellular
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company, Inc.
123321	Hollis Telephone Company, Inc.
129002	NH #1 Rural Cellular, Inc. (U.S. Cellular)
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company, Inc.
150089	Deposit Telephone Company, Inc.
150092	Edwards Telephone Company, Inc.
150114	Oriskany Falls Telephone Corporation
150118	Port Byron Telephone Company
150129	Township Telephone Company, Inc.
150133	Vernon Telephone Company, Inc.
170183	Mahanoy & Mahantango Telephone Company
170206	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190253	Virginia Telephone Company
193029	New Castle Telephone Co.
209005	Hardy Cellular Telephone Company (U.S. Cellular)
210338	Quincy Telephone Company (FL)
220338	Quincy Telephone Company (GA)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company, Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Wilmington Cellular Telephone Company
240533	McClellanville Telephone Company, Inc.
240535	Norway Telephone Co. Inc
240544	St. Stephen Telephone Company
240551	Williston Telephone Company
250284	Butler Telephone Company, Inc.
250311	Oakman Telephone Company, Inc.
250314	Peoples Telephone Company, Inc.

SAC	Name
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company, Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro, Inc.
320778	Home Telephone Company, Inc.
320788	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320816	S & W Telephone Company, Inc.
320829	Tipton Telephone Company, Inc.
320830	Tri-County Communications Corporation
320837	West Point Telephone Company
330844	Badger Telecom, LLC
330849	Black Earth Telephone Company, LLC.
330851	Bonduel Telephone Company, LLC.
330856	Burlington, Brighton & Wheatland Telephone Company, LLC
330859	Central State Telephone Company, LLC
330875	Dickeyville Telephone, LLC
330880	The Farmers Telephone Company, LLC
330881	Mid-Plains Telephone, LLC
330909	Midway Telephone Company, LLC
330914	EastCoast Telecom of Wisconsin, LLC
330915	Mosinee Telehphone Company
330917	Mt. Vernon Telephone Company, LLC
330930	Grantland Telecom, LLC
330943	Riverside Telecom, LLC
330945	Scandinavia Telephone Company, LLC
330952	Southeast Telephone Co. of Wisconsin, LLC Stockbridge & Sherwood Telephone Company
330954	LLC
330955	State Long Distance Telephone Company
330958	Tenney Telephone Company, LLC
330963	Utelco, LLC.
330968	Waunakee Telephone Company, LLC.
339007	United States Cellular Operating Company, LL
359016	Farmers Cellular Telephone Company, Inc. (U.S. Cellular)
361350	Arvig Telephone Company
361362	Bridge Water Telephone Co.
361413	KMP d/b/a Mid-State Telephone Company
361433	Mid-State Telephone Company
361507	Winsted Telephone Company

Attachment - TDS Telecommunications LLC Affiliates

260411	Leslie County Telephone Company
260412	Lewisport Telephone Co.
260417	Salem Telephone Co.
280448	Calhoun City Telephone Company, Inc.
283301	Southeast Mississippi Telephone Company, Inc.
287449	Myrtle Telephone Company, Inc.
290559	Concord Telephone Exchange, Inc
290566	Humphreys County Telephone Company
290575	Tennessee Telephone Company
290578	Tellico Telephone Company, Inc.
299010	United States Cellular Operating Company of Knoxville
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communications Corporation of Michigan

431984	Oklahoma Communication Systems, Inc.
432010	Mid-America Telephone, Inc.
452171	Arizona Telephone Company
452174	Southwestern Telephone Company
462184	Delta County Tele-Comm, Inc.
462207	Strasburg Telephone Company
472230	Potlatch Telephone Company, Inc.
522404	Asotin Telephone Company (WA)
522427	Lewis River Telephone Company, Inc.
522430	McDaniel Telephone Company
	McDaniel Cellular Telephone Company (U.S.
529001	Cellular)
532404	Asotin Telephone Company (OR)
539002	USCOC of Oregon RSA #5, Inc. (U.S. Cellular)
542321	Happy Valley Telephone Company
542322	Hornitos Telephone Company
542323	Winterhaven Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

rier (ETC) must provide a certifica e nding Name ot leave blank)	Service Provider Identification Number (SPIN) ration form for each SAC through which it provides Lifeline service). West Carolina Rural Telephone Cooperative Inc ETC Name Holding Company Name
nding Name	ETC Name Holding Company Name
nding Name	Holding Company Name
re affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes No
2) of the Communications Act. The	page 4 and additional sheets if necessary. Affiliation shall be at Section defines "affiliate" as "a person that (directly or indirectly) o or control with, another person." 47 U.S.C. § 153(2). See also 47
	filiated ETC's Name
6	(2) of the Communications Act. Th

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No 💿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	SS
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	SS	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	15	19	7	5	5	11	6	3	10	0	24	0	105
В,	0	0	0	0	0	0	0	0	0	0	0	0	0
C _e	15	19	7	5	5	11	6	3	10	0	24	0	105

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I,	15	19	7	5	5	11	6	3	10	0	24	0	105

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	4	10	1	2	1	1	1	0	0	0	8	0	28

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	11	9	6	3	4	10	5	3	10	0	16	0	77

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	SS
HALLCOOK	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
28	105	26.66%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Shannon Sears Director of Commercia

Signature of Officer

shannon.sears@wctel.com

Email Address of Officer

Person Completing This Certification Form

Shannon Sears Director of Comr

Printed Name and Title of Officer

Jan 18, 2019

Date

Contact Phone Number

Affiliated ETCs

SAC	Name
, , ,	

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) le a certification form for each SAC through which it provides Lifeline service)				
2018	SC	Williston Telephone Company				
Recertification Year	State	ETC Name				
N/A		TDS Telecommunications Corporation				
DBA, Marketing, or Ot. (If same as ETC name, list "No		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)				

Does the reporting company have affiliated ETCs?

Yes 👩

No 🔘

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name
See attached	l worksheet -

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AKM	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial AKM

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	2	6	3	2	4	2	2	1	1	2	1	2	28
B.	0	1	0	0	0	0	0	0	0	0	0	0	1
C.	2	5	3	2	4	2	2	1	1	2	1	2	27

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I _e	2	5	3	2	4	2	2	1	1	2	1	2	27

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	1	2	1	O	2	2	0	1	0	1	0	1	11

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	1	3	2	2	2	0	2	0	1	1	1	1	16

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
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Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial AKM

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
11	27	40.74%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Amanda Moore, Assistant Treasurer

Signature of Officer

amanda.moore@tdstelecom.com

Email Address of Officer

Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treas

Printed Name and Title of Officer

Jan 29, 2019

Date

608.664.2415

Contact Phone Number

Affiliated ETCs

SAC	Name
	2 (1)

Attachment - TDS Telecommunications LLC Affiliates

SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland & St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
100024	The West Penobscot Telephone and Telegraph
100034	U.S. Cellular
109002	U.S. Celiulai
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company, Inc.
123321	Hollis Telephone Company, Inc.
129002	NH #1 Rural Cellular, Inc. (U.S. Cellular)
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company, Inc.
150089	Deposit Telephone Company, Inc.
150092	Edwards Telephone Company, Inc.
150114	Oriskany Falls Telephone Corporation
150118	Port Byron Telephone Company
150179	Township Telephone Company, Inc.
150133	Vernon Telephone Company, Inc.
170183	Mahanoy & Mahantango Telephone Company
170206	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190253	Virginia Telephone Company
193029	New Castle Telephone Co.
209005	Hardy Cellular Telephone Company (U.S. Cellular)
210338	Quincy Telephone Company (FL)
220338	Quincy Telephone Company (GA)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company, Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Wilmington Cellular Telephone Company
240533	McClellanville Telephone Company, Inc.
240535	Norway Telephone Co. Inc
240544	St. Stephen Telephone Company
240551	Williston Telephone Company
250284	Butler Telephone Company, Inc.
250311	Oakman Telephone Company, Inc.
250314	Peoples Telephone Company, Inc.

SAC	Name
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company, Inc.
320776	Communications Corporation of Indiana
22277	The Home Telephone Company of Pittsboro,
320777	Inc.
320778	Home Telephone Company, Inc. The Merchants and Farmers Telephone
320788	Company
	Communications Corporation of Southern
320809	Indiana
320816	S & W Telephone Company, Inc.
320829	Tipton Telephone Company, Inc.
320830	Tri-County Communications Corporation
320837	West Point Telephone Company
330844	Badger Telecom, LLC
330849	Black Earth Telephone Company, LLC.
330851	Bonduel Telephone Company, LLC.
330856	Burlington, Brighton & Wheatland Telephone Company, LLC
330859	Central State Telephone Company, LLC
330875	Dickeyville Telephone, LLC
330880	The Farmers Telephone Company, LLC
330881	Mid-Plains Telephone, LLC
330909	Midway Telephone Company, LLC
330914	EastCoast Telecom of Wisconsin, LLC
330915	Mosinee Telehphone Company
330917	Mt. Vernon Telephone Company, LLC
330930	Grantland Telecom, LLC
330930	Riverside Telecom, LLC
330945	Scandinavia Telephone Company, LLC
330952	Southeast Telephone Co. of Wisconsin, LLC
330332	Stockbridge & Sherwood Telephone Company,
330954	LLC
330955	State Long Distance Telephone Company
330958	Tenney Telephone Company, LLC
330963	Utelco, LLC.
330968	Waunakee Telephone Company, LLC.
339007	United States Cellular Operating Company, LLC
359016	Farmers Cellular Telephone Company, Inc. (U.S. Cellular)
361350	Arvig Telephone Company
361362	Bridge Water Telephone Co.
361413	KMP d/b/a Mid-State Telephone Company
361433	Mid-State Telephone Company
361507	Winsted Telephone Company

Attachment - TDS Telecommunications LLC Affiliates

260411	Leslie County Telephone Company
260412	Lewisport Telephone Co.
260417	Salem Telephone Co.
280448	Calhoun City Telephone Company, Inc.
283301	Southeast Mississippi Telephone Company, Inc.
287449	Myrtle Telephone Company, Inc.
290559	Concord Telephone Exchange, Inc
290566	Humphreys County Telephone Company
290575	Tennessee Telephone Company
290578	Tellico Telephone Company, Inc.
299010	United States Cellular Operating Company of Knoxville
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communications Corporation of Michigan

431984	Oklahoma Communication Systems, Inc.
432010	Mid-America Telephone, Inc.
452171	Arizona Telephone Company
452174	Southwestern Telephone Company
462184	Delta County Tele-Comm, Inc.
462207	Strasburg Telephone Company
472230	Potlatch Telephone Company, Inc.
522404	Asotin Telephone Company (WA)
522427	Lewis River Telephone Company, Inc.
522430	McDaniel Telephone Company
	McDaniel Cellular Telephone Company (U.S.
529001	Cellular)
532404	Asotin Telephone Company (OR)
539002	USCOC of Oregon RSA #5, Inc. (U.S. Cellular)
542321	Happy Valley Telephone Company
542322	Hornitos Telephone Company
542323	Winterhaven Telephone Company